

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Massachusetts Republican State Congressional Committee

ADDRESS (number and street)

85 Merrimac Street, Suite 400

☐Check if different
than previously
reported. (ACC)

Boston

MA

02114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00042622

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

☐☐☐in the
State of☐(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

08

01

2007

through

08

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brent Andersen

Signature of Treasurer

Electronically Filed by Brent Andersen

Date

06

11

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		9164.06
(b) Cash on Hand at Beginning of Reporting Period	28968.07	
(c) Total Receipts (from Line 19)	19542.00	428403.36
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	48510.07	437567.42
7. Total Disbursements (from Line 31)	49211.97	438269.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	-701.90	-701.90
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	73560.44	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4725.00	296875.00
(i) Itemized (use Schedule A)	1830.00	97073.17
(ii) Unitemized	6555.00	393948.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	12500.00	29301.73
(c) Other Political Committees (such as PACs)	19055.00	423249.90
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	2903.24
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	487.00	2250.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19542.00	428403.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19542.00	428403.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	31765.98	286839.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	31765.98	286839.35
22. Transfers to Affiliated/Other Party Committees.....	5500.00	25500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	11945.99	125929.97
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	11945.99	125929.97
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	49211.97	438269.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49211.97	438269.32

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	19055.00	423249.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19055.00	423249.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	31765.98	286839.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	2903.24
38. Net Operating Expenditures (subtract Line 37 from Line 36)	31765.98	283936.11

Form/Schedule : **F3XA**

Transaction ID :

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED A
CANDIDATE. NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACT
RED TO BE REPORTED ON SCHEDULES B, E, OR F. All donors who have contributed \$200 or more were sent
a letter within 30 days asking for employer-occupation if one was not provided in order to meet best
efforts policy.

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Nelson Burbank

Mailing Address 24 Juniper Circle

City

Reading

State

MA

Zip Code

01867

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 7

Transaction ID: 70915.C166135

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Dola Hamilton Stenberg

Mailing Address 5 Louisburg Square

City

Boston

State

MA

Zip Code

02108-1202

FEC ID number of contributing
federal political committee.

C

Name of Employer
At Home

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 7

Transaction ID: 70809.C166092

Amount of Each Receipt this Period

-5000.00

Memo

[MEMO ITEM]

D.Hamilton Stenberg, transfer excess contrib from fed to non

C.

Full Name (Last, First, Middle Initial)

William Lee

Mailing Address 128 Maple St

City

Danvers

State

MA

Zip Code

01923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 2 / 2 0 0 7

Transaction ID: 70809.C166065

Amount of Each Receipt this Period

150.00

Receipt

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Francis Lehar

Mailing Address 11 Norwood Avenue

City

Manchester

State

MA

Zip Code

01944

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 7

Transaction ID: 70915.C166133

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Michael Lovelace

Mailing Address 6 Bonnie Dell Lane

City

Shrewsbury

State

MA

Zip Code

01545

FEC ID number of contributing
federal political committee.

C

Name of Employer
L & N Risk Engineering

Occupation
Engineering Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 7

Transaction ID: 70809.C166073

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Jennifer Nassour

Mailing Address 49 Chelsea St., Unit C1-307

City

Boston

State

MA

Zip Code

02129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mass. Republican Party

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 7

Transaction ID: 70809.C166068

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

John ORourke

Mailing Address 955 Massachusetts Ave #225

City

Cambridge

State

MA

Zip Code

02139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 7

Transaction ID: 70809.C166082

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Shirley Perry

Mailing Address 27 Lathrop Rd.

City

Wellesley

State

MA

Zip Code

02482

FEC ID number of contributing
federal political committee.

C

Name of Employer
At Home

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 7

Transaction ID: 70915.C166128

Amount of Each Receipt this Period

200.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Walter Shaw

Mailing Address 709 Meadowcrest Circle
DO NOT MAIL

City

Ludlow

State

MA

Zip Code

01056-1497

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 70809.C166101

Amount of Each Receipt this Period

125.00

Receipt

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Donald Smith

Mailing Address P.O. Box 3251

City

Peabody

State

MA

Zip Code

01961

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 7

Transaction ID: 70915.C166138

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Robert Spence

Mailing Address 83 E. Water Street - PO Box C

City

Rockland

State

MA

Zip Code

02370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albert Culver Company

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 7

Transaction ID: 70915.C166134

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Gilbert Steward

Mailing Address 137 Larch Row

City

Wenham

State

MA

Zip Code

01984

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 7

Transaction ID: 70915.C166142

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

D. Bradford Wetherell

Mailing Address 47 Fresh Pond Ln.

City

Cambridge

State

MA

Zip Code

02138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Romney for President

Occupation

Policy Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 70809.C166108

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Michael Woodward

Mailing Address 4 Guzzle Brook Drive

City

Sudbury

State

MA

Zip Code

01776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Investment Technology Gro-
up

Occupation

Software Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 7

Transaction ID: 70809.C166064

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

4725.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 36

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

GlaxoSmithKline PAC

Mailing Address Five Moore Drive
Research Triangle Park

City State Zip Code
Durham NC 27709

FEC ID number of contributing
federal political committee.

C

Name of Employer
PAC

Occupation
FEC: C00199703

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 7

Transaction ID: 70809.C166091

Amount of Each Receipt this Period

2500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Liberty Mutual PAC

Mailing Address Paul Mattera
175 Berkeley Street

City State Zip Code
Boston MA 02117

FEC ID number of contributing
federal political committee.

C C00171843

Name of Employer
PAC

Occupation
FEC ID: C00171843

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 7

Transaction ID: 70809.C166104

Amount of Each Receipt this Period

5000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

The Bank of NY - Mellon Corporation PAC

Mailing Address Joanie Jaxtmer
Mellon Financial Center

City State Zip Code
Boston MA 02108-4408

FEC ID number of contributing
federal political committee.

C C00017558

Name of Employer
PAC

Occupation
FEC ID: C00017558

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 7

Transaction ID: 70915.C166132

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

12500.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 36

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

A.I.M. Mutual Insurance Company

Mailing Address PO Box 3500-59

City

Boston

State

MA

Zip Code

02241-0559

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

487.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 0 7

Transaction ID: 70809.C166110

Amount of Each Receipt this Period

487.00

Other Receipt

Note: return of premium

SUBTOTAL of Receipts This Page (optional)

487.00

TOTAL This Period (last page this line number only)

487.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Css Castle Self-Storage	Transaction ID: 70915.E9927 Date of Disbursement																				
Mailing Address 39 Old Colony Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	0		2	0	0	7												
City Boston State MA Zip Code 02127-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Storage	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>339.00</td> </tr> </table>																				339.00
									339.00												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
STORAGE																					
B. Full Name (Last, First, Middle Initial) Hui Jojo Deng	Transaction ID: 70915.E9905 Date of Disbursement																				
Mailing Address 117 Beaconsfield Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	7												
City Brookline State MA Zip Code 02445-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Accounting Services	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>610.50</td> </tr> </table>																				610.50
									610.50												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
ACCOUNTING SERVICES																					
C. Full Name (Last, First, Middle Initial) Hui Jojo Deng	Transaction ID: 70915.E9930 Date of Disbursement																				
Mailing Address 117 Beaconsfield Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	0		2	0	0	7												
City Brookline State MA Zip Code 02445-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Accounting Service	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>462.00</td> </tr> </table>																				462.00
									462.00												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
ACCOUNTING SERVICE																					

SUBTOTAL of Disbursements This Page (optional)

1411.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

DirecTV DirecTV

Mailing Address PO Box 60036

City
Los Angeles

State
CA

Zip Code
90060-0036

Purpose of Disbursement

Cable Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9902

Date of Disbursement

/ /

Amount of Each Disbursement this Period

144.90

CABLE SERVICES

B.

Full Name (Last, First, Middle Initial)

Federal Express (Fed Ex)

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250-

Purpose of Disbursement

Express Mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9928

Date of Disbursement

/ /

Amount of Each Disbursement this Period

112.70

EXPRESS MAIL

C.

Full Name (Last, First, Middle Initial)

Garage Government Center

Mailing Address 50 New Sudbury Street

City
Boston

State
MA

Zip Code
02114-

Purpose of Disbursement

Payment for debt for parking party related non fea

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9903

Date of Disbursement

/ /

Amount of Each Disbursement this Period

640.00

PAYMENT FOR DEBT FOR PARK-
ING PARTY RELATED NON FEA

SUBTOTAL of Disbursements This Page (optional)

897.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Guardian Guardian

Mailing Address Boston Group Office
1 Liberty Square

City Boston State MA Zip Code 02109-

Purpose of Disbursement
Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70915.E9917

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

650.25

INSURANCE

B.

Full Name (Last, First, Middle Initial)

Bruce Harrison

Mailing Address 101 Elm St

City Wakefield State MA Zip Code 01880-

Purpose of Disbursement
Administration

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70915.E9912

Date of Disbursement

08 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

ADMINISTRATION

C.

Full Name (Last, First, Middle Initial)

HPH Inc. Harvard Pilgram Heal

Mailing Address 1200 Crown Colony Dr.

City Quincy State MA Zip Code 02169-

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70915.E9904

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

3581.25

HEALTH INSURANCE

SUBTOTAL of Disbursements This Page (optional)

5231.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial)
HPH Inc. Harvard Pilgram Heal

Mailing Address 1200 Crown Colony Dr.

City Quincy State MA Zip Code 02169-

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70915.E9929

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

2391.58

HEALTH INSURANCE

B. Full Name (Last, First, Middle Initial)
Boston Marriott Newton

Mailing Address 2345 Commonwealth Ave.

City Newton State MA Zip Code 02466-

Purpose of Disbursement
Event Deposit

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70915.E9926

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

1900.00

EVENT DEPOSIT

C. Full Name (Last, First, Middle Initial)
Merchants Bankcard

Mailing Address Fleet Bank
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement
Credit Card Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70915.E9940

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

74.99

CREDIT CARD FEE

SUBTOTAL of Disbursements This Page (optional)

4366.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Merchants Bankcard

Mailing Address Fleet Bank
100 Federal Street

City Boston State MA Zip Code 02110-

Purpose of Disbursement

Credit card Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70915.E9939

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

75.00

CREDIT CARD FEE

B.

Full Name (Last, First, Middle Initial)

Konica Minolta Business Systems

Mailing Address P.O. Box 7247-0322

City Philadelphia State PA Zip Code 19170-0322

Purpose of Disbursement

Copier Rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70915.E9906

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

708.75

COPIER RENTAL

C.

Full Name (Last, First, Middle Initial)

Ox-Eye Properties

Mailing Address c/o Massey & Co.
85 Merrimac Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement

REnt

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70915.E9931

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

3695.00

RENT

SUBTOTAL of Disbursements This Page (optional)

4478.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 70814.E9893 Date of Disbursement																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	9		2	0	0	7												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll - Taxes	<table border="1"> <tr> <td colspan="10">3477.87</td> </tr> </table>	3477.87																			
3477.87																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL - TAXES																				
B. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 70814.E9894 Date of Disbursement																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	9		2	0	0	7												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll - 401 K	<table border="1"> <tr> <td colspan="10">1923.08</td> </tr> </table>	1923.08																			
1923.08																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL - 401 K																				
C. Full Name (Last, First, Middle Initial) Paychex/InterPay	Transaction ID: 70809.E9883 Date of Disbursement																				
Mailing Address PO Box 8295	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	0		2	0	0	7												
City Boston State MA Zip Code 02266-	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Service Fees	<table border="1"> <tr> <td colspan="10">148.41</td> </tr> </table>	148.41																			
148.41																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PAYROLL SERVICE FEES																				

SUBTOTAL of Disbursements This Page (optional)

5549.36

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
Payroll Service -401 K

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70814.E9887

Date of Disbursement

08 / 17 / 2007

Amount of Each Disbursement this Period

155.00

PAYROLL SERVICE -401 K

B.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
Payroll -Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70915.E9900

Date of Disbursement

08 / 23 / 2007

Amount of Each Disbursement this Period

3309.72

PAYROLL -TAXES

C.

Full Name (Last, First, Middle Initial)

Paychex/InterPay

Mailing Address PO Box 8295

City
Boston

State
MA

Zip Code
02266-

Purpose of Disbursement
Payroll-401 K

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 70915.E9901

Date of Disbursement

08 / 23 / 2007

Amount of Each Disbursement this Period

1923.08

PAYROLL-401 K

SUBTOTAL of Disbursements This Page (optional)

5387.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Poland Spring Poland Spring

Mailing Address Processing Center
PO Box 52271

City Phoenix State AZ Zip Code 85072-

Purpose of Disbursement
Bottle Water

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9907

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

132.95

BOTTLE WATER

B.

Full Name (Last, First, Middle Initial)

Staples, Inc.

Mailing Address Staples Credit Plan
Dept. 80 - 0088936796

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9909

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

354.10

OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)

Staples, Inc.

Mailing Address Staples Credit Plan
Dept. 80 - 0088936796

City Des Moines State IA Zip Code 50368-9020

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9932

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

24.91

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

511.96

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) T-Mobile T-Mobile	Transaction ID: 70915.E9908 Date of Disbursement																				
Mailing Address PO Box 790047	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	3		2	0	0	7												
<table border="1"> <tr> <td>City Saint Louis</td> <td>State MO</td> <td>Zip Code 63179-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Phone Services</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Saint Louis	State MO	Zip Code 63179-	Purpose of Disbursement Phone Services		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1120.33</td> </tr> </table>	1120.33											
City Saint Louis	State MO	Zip Code 63179-																			
Purpose of Disbursement Phone Services		<input type="text"/> Category/ Type																			
Candidate Name																					
1120.33																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PHONE SERVICES																				
B. Full Name (Last, First, Middle Initial) T-Mobile T-Mobile	Transaction ID: 70915.E9933 Date of Disbursement																				
Mailing Address PO Box 790047	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	0		2	0	0	7												
<table border="1"> <tr> <td>City Saint Louis</td> <td>State MO</td> <td>Zip Code 63179-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Phone Service</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Saint Louis	State MO	Zip Code 63179-	Purpose of Disbursement Phone Service		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>448.39</td> </tr> </table>	448.39											
City Saint Louis	State MO	Zip Code 63179-																			
Purpose of Disbursement Phone Service		<input type="text"/> Category/ Type																			
Candidate Name																					
448.39																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PHONE SERVICE																				
C. Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 70915.E9910 Date of Disbursement																				
Mailing Address P.O. Box 1	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	7												
<table border="1"> <tr> <td>City Worcester</td> <td>State MA</td> <td>Zip Code 01654-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Phone</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Worcester	State MA	Zip Code 01654-	Purpose of Disbursement Phone		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>416.53</td> </tr> </table>	416.53											
City Worcester	State MA	Zip Code 01654-																			
Purpose of Disbursement Phone		<input type="text"/> Category/ Type																			
Candidate Name																					
416.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ PHONE																				

SUBTOTAL of Disbursements This Page (optional)

1985.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 1

City
Worcester

State
MA

Zip Code
01654-

Purpose of Disbursement
Phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9934

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

410.45

PHONE

B.

Full Name (Last, First, Middle Initial)

Verizon Internet Services

Mailing Address PO Box 101096

City
Atlanta

State
GA

Zip Code
30392-

Purpose of Disbursement
Internet Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9911

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

767.62

INTERNET SERVICES

C.

Full Name (Last, First, Middle Initial)

Verizon Internet Services

Mailing Address PO Box 101096

City
Atlanta

State
GA

Zip Code
30392-

Purpose of Disbursement
Internet Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9935

Date of Disbursement

08 / 30 / 2007

Amount of Each Disbursement this Period

767.62

INTERNET SERVICE

SUBTOTAL of Disbursements This Page (optional)

1945.69

TOTAL This Period (last page this line number only)

31765.98

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 / 36

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Mass Republican State Committee

Mailing Address 85 Merrimac Street
Suite 400

City Boston State MA Zip Code 02114-

Purpose of Disbursement
George Peterson transfer

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9885

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 7

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mass Republican State Committee

Mailing Address 85 Merrimac Street
Suite 400

City Boston State MA Zip Code 02114-

Purpose of Disbursement
D. Hamilton Stenberg transfer of excess contrib from fed to non-fed

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70809.E9884

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 7

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

TOTAL This Period (last page this line number only) ▶

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 / 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Kirk Dobson

Mailing Address 1209 Boylston St.

City
BostonState
MAZip Code
02215-Purpose of Disbursement
Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70814.E9888

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	7

Amount of Each Disbursement this Period

463.43

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Brian Dodge

Mailing Address 10 Parker Road

City
GrovelandState
MAZip Code
01834-Purpose of Disbursement
Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70814.E9889

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	7

Amount of Each Disbursement this Period

2024.31

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Brian Dodge

Mailing Address 10 Parker Road

City
GrovelandState
MAZip Code
01834-Purpose of Disbursement
Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9896

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	0	7

Amount of Each Disbursement this Period

2024.31

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

4512.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 36

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 70814.E9890 Date of Disbursement
Mailing Address 16 Oval Road	<div> <div>MM / DD / YY</div> <div>08 / 09 / 2007</div> </div>
City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1236.59</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	PAYROLL
B. Full Name (Last, First, Middle Initial) Lyndsay Jones	Transaction ID: 70915.E9897 Date of Disbursement
Mailing Address 16 Oval Road	<div> <div>MM / DD / YY</div> <div>08 / 23 / 2007</div> </div>
City Quincy State MA Zip Code 02170-	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1236.59</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	PAYROLL
C. Full Name (Last, First, Middle Initial) Peter Torkildsen	Transaction ID: 70814.E9891 Date of Disbursement
Mailing Address 1 Stony Brook Road	<div> <div>MM / DD / YY</div> <div>08 / 09 / 2007</div> </div>
City Chelmsford State MA Zip Code 01863-	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div>1245.83</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	PAYROLL

SUBTOTAL of Disbursements This Page (optional)

3719.01

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A.

Full Name (Last, First, Middle Initial)

Peter Torkildsen

Mailing Address 1 Stony Brook Road

City
Chelmsford

State
MA

Zip Code
01863-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9898

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1245.83

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City
Reading

State
MA

Zip Code
01867-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70814.E9892

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1236.59

PAYROLL

C.

Full Name (Last, First, Middle Initial)

Robert Willington

Mailing Address 12 Arlington Street

City
Reading

State
MA

Zip Code
01867-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 70915.E9899

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1232.51

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

3714.93

TOTAL This Period (last page this line number only)

11945.99

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 28 / 36

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SCM Associates

 Nature of Debt (Purpose):
 Original debt for direct
 mail - party related non
 FEA

 Mailing Address Steve Meyers
 1283 Main Street

 City State ZIP Code
 Dublin NH 03444-

Outstanding Balance Beginning This Period

9891.83

Transaction ID: LS90508.E11236

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9891.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SCM Associates

 Nature of Debt (Purpose):
 Original debt for direct
 mail - party related non
 FEA

 Mailing Address Steve Meyers
 1283 Main Street

 City State ZIP Code
 Dublin NH 03444-

Outstanding Balance Beginning This Period

475.83

Transaction ID: LS90508.E11238

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

475.83

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SCM Associates

 Nature of Debt (Purpose):
 Original debt for direct
 mail - party related non
 FEA

 Mailing Address Steve Meyers
 1283 Main Street

 City State ZIP Code
 Dublin NH 03444-

Outstanding Balance Beginning This Period

5311.00

Transaction ID: LS90508.E11245

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5311.00

1) **SUBTOTALS** This Period This Page (optional).....

15678.66

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 29 / 36

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Original debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

15.69

Transaction ID: LS90508.E11239

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.69

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Original debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

9980.45

Transaction ID: LS90508.E11247

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9980.45

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Original debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

1445.12

Transaction ID: LS90508.E11240

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1445.12

1) SUBTOTALS This Period This Page (optional).....

11441.26

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 30 / 36

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SCM Associates

 Nature of Debt (Purpose):
 Original debt for direct
 mail - party related non
 FEA

 Mailing Address Steve Meyers
 1283 Main Street

 City State ZIP Code
 Dublin NH 03444-

Outstanding Balance Beginning This Period

3.58

Transaction ID: LS90508.E11241

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3.58

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SCM Associates

 Nature of Debt (Purpose):
 Original debt for direct
 mail - party related non
 FEA

 Mailing Address Steve Meyers
 1283 Main Street

 City State ZIP Code
 Dublin NH 03444-

Outstanding Balance Beginning This Period

3814.75

Transaction ID: LS90513.E11249

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3814.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 SCM Associates

 Nature of Debt (Purpose):
 Original debt for direct
 mail - party related non
 FEA

 Mailing Address Steve Meyers
 1283 Main Street

 City State ZIP Code
 Dublin NH 03444-

Outstanding Balance Beginning This Period

3909.25

Transaction ID: LS90513.E11248

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3909.25

1) **SUBTOTALS** This Period This Page (optional).....

7727.58

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 31 / 36

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Original debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

15.37

Transaction ID: LS90513.E11251

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.37

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SCM AssociatesNature of Debt (Purpose):
Original debt for direct
mail - party related non
FEAMailing Address Steve Meyers
1283 Main StreetCity State ZIP Code
Dublin NH 03444-

Outstanding Balance Beginning This Period

9351.63

Transaction ID: LS90508.E11237

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9351.63

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-NexisNature of Debt (Purpose):
Original debt for research
party related

Mailing Address PO Box 7247-7090

City State ZIP Code
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11275

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

1) **SUBTOTALS** This Period This Page (optional).....

10617.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-NexisNature of Debt (Purpose):
Original debt for research
party related

Mailing Address PO Box 7247-7090

City State ZIP Code
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Lexis-NexisNature of Debt (Purpose):
Original debt for research
party related

Mailing Address PO Box 7247-7090

City State ZIP Code
Philadelphia PA 19170-

Outstanding Balance Beginning This Period

1250.00

Transaction ID: LS90513.E11277

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ENIlsson ENIlssonNature of Debt (Purpose):
Original debt for IT supp-
ort party related non fea

Mailing Address 6 Depot Street

City State ZIP Code
Westford MA 01886-

Outstanding Balance Beginning This Period

1252.00

Transaction ID: LS90513.E11301

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1252.00

1) SUBTOTALS This Period This Page (optional).....

3752.00

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ENlisson ENilssonNature of Debt (Purpose):
Original debt for IT supp-
ort party related non fea

Mailing Address 6 Depot Street

City State ZIP Code
Westford MA 01886-

Outstanding Balance Beginning This Period

360.00

Transaction ID: LS90513.E11302

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

360.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ENlisson ENilssonNature of Debt (Purpose):
Original debt for IT supp-
ort party related non fea

Mailing Address 6 Depot Street

City State ZIP Code
Westford MA 01886-

Outstanding Balance Beginning This Period

411.94

Transaction ID: LS90513.E11303

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

411.94

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Garage Government CenterNature of Debt (Purpose):
Original debt for parking
party related non fea

Mailing Address 50 New Sudbury Street

City State ZIP Code
Boston MA 02114-

Outstanding Balance Beginning This Period

640.00

Transaction ID: LS90513.E11296

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

640.00

1) **SUBTOTALS** This Period This Page (optional).....

1411.94

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Garage Government Center

 Nature of Debt (Purpose):
 Original debt for parking
 party related non fea

Mailing Address 50 New Sudbury Street

City	State	ZIP Code
Boston	MA	02114-

Outstanding Balance Beginning This Period

640.00

Transaction ID: LS90513.E11295

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

640.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Garage Government Center

 Nature of Debt (Purpose):
 Original debt for parking
 party related non fea

Mailing Address 50 New Sudbury Street

City	State	ZIP Code
Boston	MA	02114-

Outstanding Balance Beginning This Period

640.00

Transaction ID: LS90513.E11300

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

640.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
 Garage Government Center

 Nature of Debt (Purpose):
 Payment for debt for park-
 ing party related non fea

Mailing Address 50 New Sudbury Street

City	State	ZIP Code
Boston	MA	02114-

Outstanding Balance Beginning This Period

640.00

Transaction ID: LS70915.E9903

Amount Incurred This Period

0.00

Payment This Period

640.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

1280.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
mindShift Technologies, Inc.Nature of Debt (Purpose):
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City	State	ZIP Code
Pittsburgh	PA	15251-

Outstanding Balance Beginning This Period

1696.00

Transaction ID: LS90513.E11288

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1696.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
mindShift Technologies, Inc.Nature of Debt (Purpose):
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City	State	ZIP Code
Pittsburgh	PA	15251-

Outstanding Balance Beginning This Period

1652.00

Transaction ID: LS90513.E11289

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1652.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
mindShift Technologies, Inc.Nature of Debt (Purpose):
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City	State	ZIP Code
Pittsburgh	PA	15251-

Outstanding Balance Beginning This Period

1652.00

Transaction ID: LS90513.E11290

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1652.00

1) SUBTOTALS This Period This Page (optional).....

5000.00

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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☒ 10

NAME OF COMMITTEE (In Full)

Massachusetts Republican State Congressional Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
mindShift Technologies, Inc.Nature of Debt (Purpose):
Original debt for IT Support party related non fea

Mailing Address PO Box 200105

City State ZIP Code
Pittsburgh PA 15251-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS90513.E11291

Amount Incurred This Period

1652.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1652.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Communication, Inc. MajorityNature of Debt (Purpose):
Original Debt for FEA Get Out the Vote Mailing

Mailing Address 274 Marconi Blvd. Suite 260

City State ZIP Code
Columbus OH 43215-

Outstanding Balance Beginning This Period

15000.00

Transaction ID: LS90508.E11226

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

1) **SUBTOTALS** This Period This Page (optional).....

16652.00

2) **TOTALS** This Period (last page this line number only).....

73560.44

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

73560.44